

SelfHelp Wisconsin Self Assessment Tool

- The following slides walk through what would be presented to a user filling out the tool for a given household.
- Example Household:
 - Jane, 30, Female, Pregnant
 - Mark, 34, Male
 - Rob, 12, Male, Jane's natural child, disabled
 - Ben, 17, Male, Mark's natural child
 - Mark and Jane are married
- Please note that this walkthrough does not include all possible screens.



State
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W I S C O N S I N

SelfHelp Wisconsin

 Send Comments

Home

Welcome to SelfHelp Wisconsin! This is a quick and easy way to find out if you and the people in your home might be able to get:

- ✓ Help with buying food
- ✓ Free or low-cost health care
- ✓ Help with buying prescription drugs

This should take you less than 15 minutes to use. We'll ask you to tell us a little bit about the people in your home, your income and your bills. What you tell us will stay private and secure. No one else will be able to see or use your answers.

When you're finished, SelfHelp Wisconsin will tell you if you might be able to get help with food or health care through programs like Food Stamps, BadgerCare, Medicaid, and SeniorCare. We'll also tell you how to apply for these programs.

Ready to get started? Use the mouse to click the Start button! If you'd like more information, [click here to read more about how to use this website](#).

We will not keep any identifying information.



[Start](#)

Here are some tips to make the going a little easier. If you are using this website for someone else, answer the questions as if you were that person.

On each page, answer the questions the best you can. You'll see some questions with a star (*) next to them. You must answer these questions before you can go on to the next page.

Each page has a number of buttons you can select. These buttons are at the bottom of the page.

Next



When you're done with a page click on the Next button.

Back



If you need to go back to change your answers, you can click the Back button on any page.

Exit



When you're done, you can click on the Exit button to clear all your answers and return to the Home page. Please don't click this button until you're ready!

Close



Some pages will just have a Close button. Clicking this button will take you back to the page you were on before.

Along the way you'll see these items, too.

Help



Click this button if you ever have a question about what we're asking, or how to answer something. The button will be at the top right above the questions on each page.

Progress Bar



The progress meter will show you how far along you are and will be at the top of each page.

Send Comments



Your opinion matters! If on any page you have any comments you'd like to share, this button will be at the top of each page. No one will reply to your comments - they are private.

If you haven't used a computer very much, [click here to practice using the mouse or keyboard](#).

If you're ready to get started, click the Next button.



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People in Your Home

Progress:

0%

Let's get started! First, please tell us a little bit about you. Feel free to use a nickname, or an initial.

You

Help

Top



* First Name:

* Age:

* Gender: ☐ Male ☒ Female

Others

Help

Top

How many people live in your home? (Don't forget to count yourself!)

Of those people, how many are under 19 years old?

We will not keep any identifying information.



[Back](#)



[Exit](#)



[Next](#)

People in Your Home

Progress: 9%

Now please introduce us to the other people in your home. For the last question, select the option that best completes the sentence about you and the other people in your home.

If you don't see the right number of people here, click the Back button and change the number of people in your home. If you don't know someone's age, that's okay. Just make the best guess you can.

Adults

Help

Top



* First Name: Mark

* Age: 34

* Gender: ☒ Male ☐ Female

* Jane is legally married to this person.

Other options for relationship drop-down:

- a natural/adopted parent
- not related to

Children

Help

Top



* First Name: Rob

* Age: 12

* Gender: ☒ Male ☐ Female

* Jane is a natural/adopted child of this person.



* First Name: Ben

* Age: 17

* Gender: ☒ Male ☐ Female

* Jane is related in some other way to this person.

We will not keep any identifying information.





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People in Your Home

Progress:

18%

Next, please tell us a little more about the children in your home.

Parents & Children

Help

Top

Check the box next to each of **Mark's** children. By "children", we mean natural or adopted children *only*.

☐ None of these children are Mark's



Rob



Ben

We will not keep any identifying information.



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[Exit](#)



[Next](#)



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People in Your Home

Progress: 5%

Just two more questions about the people in your home.

[? Help](#) [↑ Top](#)

Check the box for any woman in the household who is pregnant:

☐ No one



Jane

Check the box for any person in your home who is blind or permanently disabled:

☐ No one



Jane



Mark



Ben



Rob

We will not keep any identifying information.



[Back](#)

[Exit](#)

[Next](#)

Money

Progress:

41%

The next questions have to do with how much money you and the people in your home receive.

We know that money is a very private matter, but we need to ask about it in order to find out if you might be able to get help with food, health care, and prescription drugs.

Job Income

[? Help](#)

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Check the box for each person who earns money from a job or who is self-employed:

☐ No one



Jane



Mark



Ben



Rob

Other Income

[? Help](#)

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There are many other ways that you or people in your home may receive money. Some common sources are Social Security, disability payments, child support, unemployment, worker's compensation, interest/dividends or veteran's benefits.

Check the box for each person who receives money from these or other sources:

☐ No one



Jane



Mark



Ben



Rob

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Your Money

Progress:

56%

First please tell us about the adults in your home who receive money from a job.

When you type in your answers, please enter whole dollar amounts, without dollar signs (\$) or commas (.). For example, use 1234, not 1,234.56.

Mark

Help Top

How much money does Mark receive from any jobs or self-employment? The most important thing to remember is to tell us the amount of money received before anything is taken out of Mark's paycheck.

	How Often?	How Much?	If Hourly, how many hours?
Job or Self Employment:	<input data-bbox="592 749 797 786" type="text" value=" < select one > "/>	\$ <input data-bbox="1014 749 1140 786" type="text" value="0"/>	<input data-bbox="1391 749 1517 786" type="text" value="0"/> per week
Other Job:	<input data-bbox="592 821 797 858" type="text" value=" < select one > "/>	\$ <input data-bbox="1014 821 1140 858" type="text" value="0"/>	<input data-bbox="1391 821 1517 858" type="text" value="0"/> per week
Other Job:	<input data-bbox="592 892 797 929" type="text" value=" < select one > "/>	\$ <input data-bbox="1014 892 1140 929" type="text" value="0"/>	<input data-bbox="1391 892 1517 929" type="text" value="0"/> per week

Jane

Help Top

How much money does Jane receive from any jobs or self-employment? The most important thing to remember is to tell us the amount of money received before anything is taken out of Jane's paycheck.

	How Often?	How Much?	If Hourly, how many hours?
Job or Self Employment:	<input data-bbox="592 1178 797 1215" type="text" value=" < select one > "/>	\$ <input data-bbox="1014 1178 1140 1215" type="text" value="0"/>	<input data-bbox="1391 1178 1517 1215" type="text" value="0"/> per week
Other Job:	<input data-bbox="592 1249 797 1286" type="text" value=" < select one > "/>	\$ <input data-bbox="1014 1249 1140 1286" type="text" value="0"/>	<input data-bbox="1391 1249 1517 1286" type="text" value="0"/> per week
Other Job:	<input data-bbox="592 1320 797 1358" type="text" value=" < select one > "/>	\$ <input data-bbox="1014 1320 1140 1358" type="text" value="0"/>	<input data-bbox="1391 1320 1517 1358" type="text" value="0"/> per week



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Your Money

Progress:

56%

Now tell us about the people in your home who receive money from other places.

When you type in your answers, please do not add dollar signs (\$) or commas (.). For example, use 1234, not 1,234.56.

Mark

[? Help](#)[↑ Top](#)

How much money does Mark receive each month from any other source? We've listed some of the common types below.

Child Support: \$ per month

Social Security: \$ per month (Do not include SSI)

Supplemental Security Income (SSI): \$ per month (SSI is a monthly payment for people who are 65 or older, blind or disabled and who have very little or no income.)

Unemployment Payments: \$ per month

Other Sources: \$ per month (Includes worker's compensation, interest/dividends, veteran's benefits, etc.)

Rob

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How much money does Rob receive each month from any other source? We've listed some of the common types below.

Child Support: \$ per month

Social Security: \$ per month (Do not include SSI)

Supplemental Security Income (SSI): \$ per month (SSI is a monthly payment for people who are 65 or older, blind or disabled and who have very little or no income.)

Unemployment Payments: \$ per month

Other Sources: \$ per month (Includes worker's compensation, interest/dividends, veteran's benefits, etc.)



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Child Expenses

Progress: **56%**

Please tell us a little more about the people in your home that have child expenses.

When you type in your answers, please do not add dollar signs (\$) or commas (.). For example, use 1234, not 1,234.56.

Child Care

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How much is paid each month in child care for these children?



Ben

\$ per month



Rob

\$ per month

Child Support

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How much court-ordered child support does each adult pay each month?



Tim

\$ per month



Margaret

\$ per month

We will not keep any identifying information.



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Bills

Progress:

75%

We're almost done - just a few more questions about the bills you pay.

Housing

Help

Top

How much money do you and other people in your home pay for rent, mortgage and/or property taxes each month? Be sure to tell us the amount that everyone pays together.

\$

500

If you pay rent, is heat included?

☐ Yes

☒ No

Medical

Help

Top

Next, we'll ask for medical bills for the elderly, blind or permanently disabled people in your home. By "medical bills", we mean the money you are responsible for paying for:

✓ doctor or dentist visits

✓ hospital visits

✓ hearing aids

✓ insurance payments

✓ medicines prescribed by a doctor

How much money is paid monthly for Rob's medical bills?

\$

150

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Your County

Progress:

82%

Please tell us which county you live in. This will help us tell you where to apply for food stamps and health care.

If you do not live in Wisconsin, please select 'Out of State'.

Help

Top

* What county do you live in?

Sawyer

We will not keep any identifying information.



[Back](#)



[Exit](#)



[Next](#)

Please take a quick look at what you told us about your home.

- ✓ If you'd like to change any of your answers, click the button labeled with the information you want to change. This will take you back to that page.
- ✓ If the information looks right, click the Next button to see your results.

People in Your Home

[? Help](#)[↑ Top](#)

Your home has two adults and two children.



Jane is 30 Yrs.
Rob is 12 Yrs.
Ben is 17 Yrs.
Mark is 34 Yrs.

[Name/Age/Gender](#)[Parents or Children](#)

Mark and Jane are married.

[Marriages](#)

Jane is pregnant.

[Pregnancy](#)

Rob is blind or permanently disabled.

[Blind or Disabled](#)

Money and Bills

[? Help](#)[↑ Top](#)

Mark receives a total of **\$500.00** each month.

[Income](#)

Jane receives a total of **\$200.00** each month.

Your household pays **\$0.00** each month for child care.

[Child Care](#)

Your household pays **\$0.00** each month in child support.

Your household pays **\$500.00** each month for rent.

[Home Bills](#)

Heat is **not** included in this amount.

Your household pays **\$150.00** for Rob's medical bills each month.

[Medical Bills](#)

We looked at what you told us today to see if you might be able to get help buying food, free or low-cost health care, as well as help with prescription drugs. Keep in mind that you will have to apply in order to get these benefits, but we'll tell you to do that.

You always have the right to apply for these programs, no matter what we say.

It looks like you will be able to get these programs

[? Help](#)[↑ Top](#)

Food Stamps

- ✓ It looks like your family may receive between **\$60.00** and **\$100.00** to buy food each month.
- ✓ It also looks like you could get food stamps no more than three days after you apply.
- ✓ Keep in mind that some people are not able to get food stamps, including people on strike, immigrants without papers, some college students, as well as people recently convicted of a drug felony. In most cases, the other people in the family may be able to get food stamps so it is still worth applying.

To get started on getting Food Stamps, click the Next button at the bottom of the page.

Family Medicaid and BadgerCare

- ✓ It looks like **Mark, Jane, Rob and Ben** may be able to get free or low-cost health care, if they do not already have health insurance from someone's job or another place.
- ✓ In addition, **Jane** may be able to get special health care for women, even if already receiving health insurance.
- ✓ A special note for immigrants: getting free or low-cost health care will not hurt your changes of getting citizenship, and you don't have to pay back benefits. In some cases, immigrants are only able to get health care in emergencies.

To get started on getting Family Medicaid or BadgerCare, click the Next button at the bottom of the page.

It looks like you may not be able to get some programs

[? Help](#)[↑ Top](#)

SeniorCare

- ✓ Based on what you told us today, it looks like no one in your home is 65 or older. This means you won't be able to get help buying prescription drugs through the SeniorCare program.
- ✓ If you have questions, [click here to learn more about SeniorCare](#).

Now that you have an idea of what you can get, here are the next steps!

Food Stamps

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The fastest way to get food stamps is to call or visit your local office:

If you are a member of the Lac Courte Oreilles tribe,
[click here for information on your tribal agency.](#)

Sawyer County Human Services

Phone: 715-634-4806
105 East Fourth Street, PO Box 730
Hayward, WI 54843

- ✓ When you visit the office, be sure to bring proof of identity for everyone, proof of address, and proof of monthly income.

[Click here for a more complete list of what to bring](#)

- ✓ You can also [click here to print out a one-page form](#) that you can bring with you or mail in.

If you still have questions, [click here to learn more about the Food Stamps program.](#)
Or you can call the hotline at 800-362-3002.

Family Medicaid and BadgerCare

[? Help](#) [↑ Top](#)

There are two ways you can apply for free or low-cost health care.

- ✓ You can call or visit your local office:
If you are a member of the Lac Courte Oreilles tribe,
[click here for information on your tribal agency.](#)

Sawyer County Human Services

Phone: 715-634-4806
105 East Fourth Street, PO Box 730
Hayward, WI 54843

- ✓ Or you can [click here to print out the application](#) and mail it in.

If you still have questions, [click here to learn more about the program.](#)
Or you can call the hotline at 800-362-3002.

SeniorCare

[? Help](#) [↑ Top](#)

To apply for SeniorCare, you need to fill out an application and mail it in. [Click here to print out the application.](#)

If you still have questions, [click here to learn more about the program.](#)
Or you can call the hotline at 800-657-2038.

Tribal Agency

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You told us your home was in Sawyer County. If you are a member of the Lac Courte Oreilles Tribe, please call or visit:

Lac Courte Oreilles Tribe

Phone: 715-634-8934
Rt.2, Box 2700
Hayward, WI 54843



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The End

Thank You!

Help Top

We hope this was helpful for you and your home. Before you leave, please be sure you've printed out all of the pages you would like to keep.

Results

What You Told Us

You can also click the Back button until you reach the page you're looking for.

Tell Us What You Think

Help Top

We'd like to know what you think about SelfHelp Wisconsin. Click the Send Comments button to send us your opinions or ideas.

Send Comments

Do you have a friend or family member who might want to use SelfHelp Wisconsin? Please help us spread the word by giving them our website: <http://selfhelp.wisconsin.gov>

Exit

Help Top

If you are done or would like to start over, click the Exit button to return to the home page. This will make sure that no one else will be able to see or use your answers.

We will not keep any identifying information.



[Back](#)

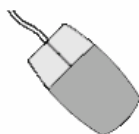


[Exit](#)

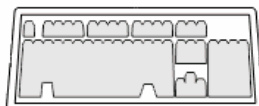
Use Your Mouse or Keyboard

[? Help](#) [↑ Top](#)

Use the mouse



or the keyboard



to move around the pages.

With the mouse, move the arrow until its over the question answer or button. With the keyboard, you can use the 'Tab' key to move to a question answer or button.

Answer the Questions

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You'll see questions like the ones below in this tool. Answer each the best you can.

Help for Practice Items

Some questions ask you to type an answer in the box.



Just click with the left button in the box and start typing.



Tab until you see a cursor in the box. Then start typing!

Some questions allow you to select more than one answer. If none of the answers shown are the right answer, select "None".



Use the left button to click in each box that you want to choose.



Tab until a box you want to pick is selected - you'll see a dotted outline around the box - and press the spacebar to put a check in the box.

Some questions allow you to only select one answer.



Left click with the mouse to select the button you want. On the dropdown, click on the arrow to see the options, then scroll down or up until you have highlighted the answer you want.



Just like above, tab to highlight the answer you want, then space to select. If you want to select a different answer, use the arrow keys to move between the choices. On the dropdown, tab to highlight the box, then use the arrow keys to select your answer.

Practice Here!

What size shoe do you wear?

Check the box for each pet that you have had:

- | | | | |
|-----------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Dog | <input type="checkbox"/> Cat | <input type="checkbox"/> Fish | <input type="checkbox"/> Bird |
| <input type="checkbox"/> Hampster | <input type="checkbox"/> None | | |

What is your favorite color?

- ☐ Red ☐ Yellow ☐ Green ☐ Blue

What month were you born in?

When you're ready, click the Next button to get started. Remember! There is a Help button on every page if you ever want it.